

City of New Waverly
 200 Gibbs St., New Waverly, TX 77358
 Phone: 936-344-6621
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MECHANICAL PERMIT APPLICATION	
<i>Expires in 6 months (180 days); Non-Transferable</i>	
Building Permit # _____	
Application Date: _____	

Jobsite Address: _____

Legal Property Description: _____ **Lot:** _____ **Block:** _____ **Section:** _____

Property Owner: _____ **Phone:** _____ **Email:** _____

Property Owner Mailing Address: _____

Contractor: _____ **Company Email:** _____

Company Address: _____

Field Supervisor Name: _____ **Email:** _____

Cell Phone: _____

- Residential Commercial Valuation of Work: \$ _____
 Less than 5,000 SF More than 5,000 SF
 New Addition Alteration Other: _____

Inspections = \$75 each. Re-inspections = \$75 each. Additional inspections required during project = \$75 each

Work Description and Additional Notes:	Typical Inspections Required:
	<input type="checkbox"/> Rough: # Inspections _____ <input type="checkbox"/> Duct Seal: # Inspections _____ <input type="checkbox"/> Final: # Inspections _____ <input type="checkbox"/> Other: _____ # Inspections: _____

Separate Permits are required for Public Utilities; Building; Electrical; Plumbing; Heating, Ventilation & Air Conditioning; Grading; Alarms; Roofing; Landscaping; Fire Sprinklers and Lawn Sprinklers. I certify that I am an authorized signer with the authority to submit this application. I certify that I have read and examined this application and attest that the information I am providing is correct. I understand that it is against the law to make a false statement on a government document and that incomplete applications will be denied. I agree to comply with all provisions of laws and ordinances governing this type of work, whether specified herein or not. The approval of this application does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction.

Applicant Signature: _____ **Printed Name:** _____ **Date:** _____

OFFICE USE ONLY

Received for Review by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Base Application Fee:	\$ 50.00
Inspection Fees:	\$
Total Fees Due:	\$
Receipt #:	